

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

1. Agency Name

SAN JOSE POLICE DEPARTMENT

Division, Department, or Region (if applicable)

FAMILY VIOLENCE UNIT

Designated Agency Contact (Name, Title)

LT. TIBAUDI

Area Code/Phone Number

E-mail

3298@SANJOSECA.GOV

San Jose City Clerk
Date Stamp
2017 APR 28 AM 10:53

California Form 802

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150-

Event Description: THE WEEKEND CONCERT Date(s) 4 / 28 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>SAN JOSE POLICE FAMILY VIOLENCE UNIT</u>	<u>16</u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]
Signature of Agency Head or Designee

TIBAUDI
Print Name

LT.
Title

4/26/17
(month, day, year)

Comment: _____